|  |  |   |               |              |                                 |                  |          |                | Application or Docket Number |                            |              |                     |  |  |  |
|--|--|---|---------------|--------------|---------------------------------|------------------|----------|----------------|------------------------------|----------------------------|--------------|---------------------|--|--|--|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001   |  |   |               |              |                                 |                  |          |                |                              | 1891/50917                 |              |                     |  |  |  |
|  |  |   | i             | 11 V         | 11/                             | <u>ر</u>         | 2917     |                |                              |                            |              |                     |  |  |  |
| CLAIMS AS FILED - PART I.  (Column 1) (Column 2)                         |  |   |               |              |                                 |                  |          | SMALI<br>TYPE  | ITITY <sup>'</sup>           | OTHER THAN OR SMALL ENTITY |              |                     |  |  |  |
| TOTAL CLAIMS   |  |   | 21            |              |                                 |                  |          | RAT            | Ε                            | FEE                        | ] [          | RATE                | FEE  |  |  |
| FOR  |  |   | NUMBER FILED  |              | NUMBER EXTRA                    |                  |          | BASIC          | FEE                          | 370.00                     | OR           | BASIC FEE           | 740.00   |  |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 2   minus 20= |              | *                               |                  |          | X\$ 9=         |                              |                            | OR           | X\$18=              | 18   |  |  |
| INDEPENDENT CLAIMS   |  |   | 3 minus 3 =   |              | *                               | 0                |          | X42=           |                              |                            | OR           | X84=                | 0  |  |  |
| MU   | LTIPLE DEPEN                                   | DENT CLAIM PF                             | RESENT        |              |                                 |                  |          | +140=          |                              |                            | OR           | +280=               | 0  |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |               |              |                                 |                  |          | TOTAL          |                              |                            | OR           | TOTAL               | 758  |  |  |
| CLAIMS AS AMENDED - PART II OTHER TI                                     |  |   |               |              |                                 |                  |          |                |                              |                            |              |                     |  |  |  |
|  | (Column 1) (Column 2) (Column 3)               |   |               |              |                                 |                  |          |                | LL E                         | ENTITY                     | OR           | SMALL               | ENTITY   |  |  |
| ENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | NUM<br>PREVI | HEST<br>IBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |          | RAT            | E                            | ADDI-<br>TIONAL<br>FEE     |              | RATE                | ADDI-<br>TIONAL<br>FEE                           |  |  |
| AMENDMENT  | Total  | *   | Minus         | **           |                                 | =                |          | X\$ 9          | )=                           |                            | OR           | X\$18=              |  |  |  |
| ME   | Independent                                    | *   | Minus         | ***          |                                 | =                |          | X42            | =                            |                            | OR           | X84=                |  |  |  |
| 【  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |               |              |                                 |                  |          | +140           |                              |                            | 1            | +280=               |  |  |  |
|  | v  |   |               |              |                                 |                  |          |                | )=<br>TAL                    |                            | OR           | TOTAL               | -  |  |  |
|  |  |   |               |              |                                 |                  |          | ADDIT. F       |                              |                            | OR           | ADDIT. FEE          | L  |  |  |
|  |  | (Column 1)                                | <b>,</b>      |              |                                 |                  | <b>.</b> |                |                              |                            |              |                     |  |  |  |
| MENT B   | o  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | NUM<br>PREVI | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA |          | RAT            | Ε                            | ADDI-<br>TIONAL<br>FEE     |              | RATE                | ADDI-<br>TIONAL<br>FEE                           |  |  |
| DME  | Total  | *   | Minus         | **           |                                 | =                | ]        | X\$ 9          | )=                           |                            | OR           | X\$18=              |  |  |  |
| AMEND  | Independent                                    | *   | Minus         | ***          |                                 | =                |          | X42            | _                            |                            | OR           | X84=                |  |  |  |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |               |              |                                 |                  |          | <b>-</b>       |                              |                            | 1            |                     | <u> </u>   |  |  |
|  |  |   |               |              |                                 |                  |          | +140           |                              |                            | OR           | +280=               |  |  |  |
| <b>F</b>   |  |   |               |              |                                 |                  |          | TO<br>ADDIT. I | TAL<br>FEE                   |                            | OR           | TOTAL<br>ADDIT. FEE |  |  |  |
|  |  | _   |               |              | _                               | _                |          | <u> </u>       |                              |                            |              |                     |  |  |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | NUN<br>PREV  | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA | T        | RAT            | Έ                            | ADDI-<br>TIONAL<br>FEE     |              | RATE                | ADDI-<br>TIONAL<br>FEE                           |  |  |
| Į<br>Į   | Total  | *   | Minus         | **           |                                 | =                | ]        | X\$ 9          | )=                           |                            | OR           | X\$18=              |  |  |  |
| ME   | Independent                                    | *   | Minus         | ***          |                                 | <u> </u>         |          | X42            | <u>'=</u>                    |                            | OR           | X84=                |  |  |  |
| <  | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DE    | PENDEN       | IT CLAIM                        |                  | Ĺ        |                | $\dashv$                     |                            | <b>1</b> Ŭ'' | <b></b>             | <del>                                     </del> |  |  |

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." \*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

OR

OR

+280=

ADDIT. FEE

TOTAL

+140=

ADDIT. FEE

TOTAL